

**STUDENT SURVEY OF RISK AND PROTECTIVE FACTORS**

*DRUG USE OUTCOMES*

1. Have you ever smoked cigarettes?

Never      Once or twice      Once in a while but not regularly      Regularly in the past      Regularly now

2. How frequently have you smoked cigarettes during the past 30 days?

Not at all      Less than one cigarette per day      One to five cigarettes per day      About one-half pack per day  
About one pack per day      About one and one-half packs per day      Two packs or more per day

3. On how many occasions (if any) have you had alcoholic beverages (beer, wine or hard liquor) to drink in your lifetime - more than just a few sips?

0 Occasions      1-2 Occasions      3-5 Occasions      6-9 Occasions      10-19 Occasions      20-39 Occasions      40 or More Occasions

4. On how many occasions (if any) have you had beer, wine or hard liquor during the past 30 days?

0 Occasions      1-2 Occasions      3-5 Occasions      6-9 Occasions      10- 19 Occasions      20-39 Occasions      40 or More Occasions

5. Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?

None      Once      Twice      3-5 times      6-9 times      10 or more times

6. On how many occasions (if any) have you used marijuana in your lifetime?

0 Occasions      1-2 Occasions      3-5 Occasions      6-9 Occasions      10-19 Occasions      20-39 Occasions      40 or More Occasions

7. On how many occasions (if any) have you used marijuana during the past 30 days?

0 Occasions      1-2 Occasions      3-5 Occasions      6-9 Occasions      10- 19 Occasions      20-39 Occasions      40 or More Occasions

8. On how many occasions (if any) have you used ecstasy, LSD or other psychedelics in your lifetime?

0 Occasions      1-2 Occasions      3-5 Occasions      6-9 Occasions      10-19 Occasions      20-39 Occasions      40 or More occasions

9. On how many occasions (if any) have you used ecstasy, LSD or other psychedelics during the past 30 days?

0 Occasions      1-2 Occasions      3-5 Occasions      6-9 Occasions      10-19 Occasions      20-39 Occasions      40 or More Occasions

10. On how many occasions (if any) have you used cocaine in your lifetime?

0 Occasions      1-2 Occasions      3-5 Occasions      6-9 Occasions      10-19 Occasions      20-39 Occasions      40 or More Occasions

11. On how many occasions (if any) have you used cocaine during the past 30 days?

0 Occasions      1-2 Occasions      3-5 Occasions      6-9 Occasions      10- 19 Occasions      20-39 Occasions      40 or More Occasions

12. On how many occasions (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high in your lifetime.

0 Occasions      1-2 Occasions      3-5 Occasions      6-9 Occasions      10-19 Occasions      20-39 Occasions      40 or More Occasions

13. On how many occasions (if any) have you sniffed glue, breathed the contents of an aerosol spray can, or inhaled other gases or sprays, in order to get high during the past 30 days?

0 Occasions    1-2 Occasions    3-5 Occasions    6-9 Occasions    10-19 Occasions    20-39 Occasions    40 or More Occasions

14. On how many occasions (if any) have you used derbisol in your lifetime?

0 Occasions    1-2 Occasions    3-5 Occasions    6-9 Occasions    10-19 Occasions    20-39 Occasions    40 or More Occasions

15. On how many occasions (if any) have you used derbisol in the past 30 days?

0 Occasions    1-2 Occasions    3-5 Occasions    6-9 Occasions    10-19 Occasions    20-39 Occasions    40 or More Occasions

16. On how many occasions (if any) have you used other drugs in your lifetime?

0 Occasions    1-2 Occasions    3-5 Occasions    6-9 Occasions    10-19 Occasions    20-39 Occasions    40 or More Occasions

17. On how many occasions (if any) have you used other drugs in the past 30 days?

0 Occasions    1-2 Occasions    3-5 Occasions    6-9 Occasions    10-19 Occasions    20-39 Occasions    40 or More Occasions

## DRUG USE OUTCOMES - CODING

### *smoked cigarette*

98	1	Never
	2	Once or twice
	3	Once in a while but not regularly
	4	Regularly in the past
	5	Regularly now

### *cigarettes..... past 30 days*

99	1	Not at all
	2	Less than one cigarette per day
	3	One to five cigarettes per day
	4	About one-half pack per day
	5	About one pack per day
	6	About one and one-half packs per day
	7	Two packs or more per day

### *alcoholic beverages*

100	1	0 Occasions
	2	1-2 Occasions
	3	3-5 Occasions
	4	6-9 Occasions
	5	10-19 Occasions
	6	20-39 Occasions
	7	40 or More Occasions

### *beer, wine or hard liquor.....*

101	1	0 Occasions
	2	1-2 Occasions
	3	3-5 Occasions
	4	6-9 Occasions
	5	10-19 Occasions
	6	20-39 Occasions
	7	40 or More Occasions

### *...over the last two weeks... alcoholic drinks..*

102	1	None
	2	Once
	3	Twice
	4	3-5 times
	5	6-9 times
	6	10 or more times

### *... marijuana*

103	1	0 Occasions
	2	1-2 Occasions
	3	3-5 Occasions
	4	6-9 Occasions
	5	10-19 Occasions
	6	20-39 Occasions
	7	40 or More Occasions

### *.. marijuana... past 30 days*

104	1	0 Occasions
	2	1-2 Occasions
	3	3-5 Occasions
	4	6-9 Occasions
	5	10-19 Occasions
	6	20-39 Occasions
	7	40 or More Occasions

### *.....ecstasy, LSD or other psychedelics*

105	1	0 Occasions
	2	1-2 Occasions
	3	3-5 Occasions
	4	6-9 Occasions
	5	10-19 Occasions
	6	20-39 Occasions
	7	40 or More Occasions

### *...ecstasy, LSD or other psychedelics..... past 30 days*

106	1	0 Occasions
	2	1-2 Occasions
	3	3-5 Occasions
	4	6-9 Occasions
	5	10-19 Occasions
	6	20-39 Occasions
	7	40 or more occasions

### *... cocaine*

107	1	0 Occasions
	2	1-2 Occasions
	3	3-5 Occasions
	4	6-9 Occasions
	5	10-19 Occasions
	6	20-39 Occasions
	7	40 or more occasions

### *.... cocaine during the past 30 days*

108	1	0 Occasions
	2	1-2 Occasions
	3	3-5 Occasions
	4	6-9 Occasions
	5	10-19 Occasions
	6	20-39 Occasions
	7	40 or More Occasions

### *... sniffed glue... aerosol spray can*

109	1	0 Occasions
	2	1-2 Occasions
	3	3-5 Occasions
	4	6-9 Occasions
	5	10-19 Occasions
	6	20-39 Occasions
	7	40 or more occas.

